

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

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|---|--|---|
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| HI | | 96813-2453 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | |
| Capitol Consultants of Hawaii, LLP. | | |
| MAILING ADDRESS (Street) | | |
| 222 South Vineyard Street, Suite 401 | | |
| (State) | | (Zip Code) |
| HI | | 96813 |
| | (State) HI Ily if you are employed by a business entity waii, LLP. t, Suite 401 (State) | (State) HI Ily if you are employed by a business entity which has been retained to waii, LLP. t, Suite 401 (State) |

| PART II ORGANIZATIO | N | | |
|---|----------------|-------------------------------|--|
| NAME OF ORGANIZATION YOU | TELEPHONE | | |
| Dollar Financial Group, I | (703) 684-1110 | | |
| MAILING ADDRESS (Street) | | FAX (703) 684-7912 | |
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| Alexandria | VA | 22314 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE | |
| Carrie Castro | | (703) 684-1110 | |
| MAILING ADDRESS (Street) Multistate Associates, Inc., 515 King Street, Suite 300 | | FAX (703) 684-0717 | |
| | | EMAIL ccastro@multistate.com | |
| (City) | (State) | (Zip Code) | |
| Alexandria | VA | 22314 | |
| | | | |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | | | | |
|--|---|--|--|--|--|--|
| Agriculture | ☐ Education | Human Services | Science, Technology & Economic Development | | | |
| Communications & Public Utilities | Government Operation & Finance | Intergovernmental Relations, International Affairs | ☐ Tourism & Recreation | | | |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employment | ☐ Transportation | | | |
| Culture, Arts, Historic Preservation | ☐ Health | Planning, Land & WaterUse Management | Other: (indicate below) | | | |
| Ecology, Energy Environmental Protection | ☐ Housing | Public Safety & Corrections | | | | |
| | | | | | | |
| | ON OF LOBBYIST | ro in to the heat of my knowled | dae correct and complete | | | |
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | | | | | | |
| - m | | | 2/6/13 | | | |
| | (Signature of Lobbyist) | | (Date) | | | |
| | | | | | | |
| PART V AUTHORIZATI | ON TO LOBBY | | | | | |
| NAME | NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | | | | | |
| Paul Hallman | President, Multistate Associates, Inc. | | | | | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | | | | |
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| Alexandria | VA | | 22314 | | | |
| hereby pythorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | | | | | |
| (Signature of A | uthorizing Officer or Person Repres | sented) | (Date) | | | |